

In partnership with



Instructions:

Thank you very much for taking this survey! If you live, work, go to school, or spend time in Linn, Benton, or Lincoln County, we want to learn what you think about health issues. Samaritan Health Services hospitals will use your feedback to improve the health of our communities.

Please share your thoughts about the health of our communities. You will not be asked to put your name on this survey – all responses are anonymous. There are no right or wrong responses. Any information you provide is useful.

Unless it says otherwise, you can only choose one response to each question, so please pick the response that best tells us what you think. At the end of the survey are some extra questions that will help us understand the people we serve.

Thank you!

1. **How healthy is your community?**

(please choose one answer)

* + Very healthy
  + Healthy
  + Sort of healthy
  + Unhealthy
  + Very unhealthy

1. **What is the most important health issue in your community?** (please choose one answer)
   * Alcohol or drug abuse
   * Tobacco use
   * Housing
   * The cost of healthy food
   * Chronic disease such as cancer, diabetes, or asthma
   * Obesity (weighing too much)
   * Mental and behavioral health
   * Healthy mothers and children
   * Safe communities
   * Poverty
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Who is most likely to have health problems in your community?** (please choose one answer)
   * People with disabilities (mental, developmental, or physical)
   * Veterans
   * Elderly individuals
   * Homeless individuals
   * Lesbian, gay, bisexual, or transgender individuals
   * Children
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Which of the following has the worst effect on the health of families in your community?** (please choose one answer)
   * Violence against women
   * Child abuse or neglect
   * Not having enough food
   * Housing problems
   * Feeling separated from the community or discriminated against
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **What behavior has the worst effect on the health of people in your community?**

(please choose one answer)

* + Tobacco use
  + Marijuana use
  + Alcohol abuse
  + Drug abuse
  + High-risk sex
  + Gambling
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is the most important thing that people in your community could do to improve their health?** (please choose one answer)
   * Eat healthy food
   * Exercise
   * Strengthen relationships with friends and family
   * Do things that help treat diseases like cancer, diabetes, or asthma
   * Lose weight
   * Quit smoking
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What kind of place has the best effect on the health of people in your community?**

(please choose one answer)

* Parks, playgrounds, and sports fields
* Bicycle and walking paths and trails
* Stores that sell fresh and healthy food
* Libraries
* Churches
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is most needed to make a healthy community?** (please choose one answer)
   * Health care that people can afford
   * Housing that people can afford
   * Healthy food that people can afford
   * Good jobs
   * Good schools
   * Safe neighborhoods
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What keeps people in your community from getting health care?**

(please choose one answer)

* Health care services are not provided in languages other than English
* No health insurance
* No transportation to get to health care services
* Not having U.S. citizenship, U.S. residency, or state identification
* Not being able to afford health care (for example, can’t pay copays or deductibles)
* Not being able to get care when it is needed (for example, having to wait too long or not being able to find a doctor)
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What health care service is the most important for people in your community?**

(please choose one answer)

* + Regular visits with a doctor or nurse for checkups in a clinic or at home
  + Counseling and mental health services (like seeing a therapist)
  + Regular dentist visits
  + Drug or alcohol treatment
  + Family planning (like birth control)
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What one thing in the environment is most important for the health of your community?** (please choose one answer)
   * Water that is safe to drink
   * Clean air
   * Food that doesn’t make people sick
   * Homes that are safe and don’t make people sick
   * Protecting people from pesticides
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What is the biggest concern in your neighborhood?** (please choose one answer)

* No buses or other public transportation
* Crime
* Streets are not safe for walking or biking
* Too many businesses sell tobacco, marijuana, alcohol, or fast food
* People are socially separated from their community
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **For the following issues that affect health, please circle how much attention you think they should get in our communities on a scale of least attention to most attention.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Least attention |  | Some attention |  | Most attention |  | Don’t know |
| a. Alcohol use | | | □ | □ | □ | □ | □ |  | □ |
| b. Tobacco use | | | □ | □ | □ | □ | □ |  | □ |
| c. Chronic disease | | | □ | □ | □ | □ | □ |  | □ |
| d. Obesity | | | □ | □ | □ | □ | □ |  | □ |
| e. Domestic violence | | | □ | □ | □ | □ | □ |  | □ |
| f. Teen pregnancy | | | □ | □ | □ | □ | □ |  | □ |
| g. Parenting education | | | □ | □ | □ | □ | □ |  | □ |
| h. Child abuse or neglect | | | □ | □ | □ | □ | □ |  | □ |
| i. Child care availability | | | □ | □ | □ | □ | □ |  | □ |
| j. Child care costs | | | □ | □ | □ | □ | □ |  | □ |
| k. Afterschool activities | | | □ | □ | □ | □ | □ |  | □ |
| l. Juvenile crime | | | □ | □ | □ | □ | □ |  | □ |
| m. Poverty | | | □ | □ | □ | □ | □ |  | □ |
| n. Employment | | | □ | □ | □ | □ | □ |  | □ |
| o. Homelessness | | | □ | □ | □ | □ | □ |  | □ |
| p. Housing costs | | | □ | □ | □ | □ | □ |  | □ |
| q. Safe communities | | | □ | □ | □ | □ | □ |  | □ |
| r. Transportation | | | □ | □ | □ | □ | □ |  | □ |
| s. Food insecurity | | | □ | □ | □ | □ | □ |  | □ |
| t. Environmental issues | | | □ | □ | □ | □ | □ |  | □ |
| u. Literacy | | | □ | □ | □ | □ | □ |  | □ |
| v. K-12 education | | | □ | □ | □ | □ | □ |  | □ |
| w. Higher education | | | □ | □ | □ | □ | □ |  | □ |
| x. Access to medical care | | | □ | □ | □ | □ | □ |  | □ |
| y. Access to dental care | | | □ | □ | □ | □ | □ |  | □ |
| z. Access to mental health care | | | □ | □ | □ | □ | □ |  | □ |

**Questions about you:**

1. **What is your ZIP code? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **What county do you live in?**
   * Linn
   * Benton
   * Lincoln
   * Another county: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Do you live in a city, in a town, or in a rural area?**
   * City
   * Town
   * Rural area
4. **How old are you?**
   * 17 or younger
   * 18 to 24
   * 25 to 44
   * 45 to 64
   * 65 to 84
   * 85 or older
5. **What language do you usually speak at home?**
   * English
   * Spanish
   * Arabic
   * Chinese
   * Korean
   * Russian
   * Another language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Prefer not to answer
6. **What is your race or ethnicity?** (You may choose more than one response and you may give more detail if you want)
   * African American or Black
   * American Indian or Alaskan Native
   * Asian
   * Pacific Islander
   * White or Caucasian
   * Hispanic or Latino
   * Middle Eastern, North African, or Arab
   * Another race or ethnicity
   * Prefer not to answer

More detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is your gender or gender identity?**
   * Male
   * Female
   * Transgender
   * Another gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Prefer not to answer
2. **Are you:**
   * Straight/Heterosexual
   * Gay or Lesbian
   * Bisexual
   * Another sexual

orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Prefer not to answer

1. **Are there children under 18 living with you?**
   * Yes
   * No
   * Prefer not to answer
2. **How much money does your family or household make each year before taxes?**
   * Less than $20,000
   * $20,000 to $39,000
   * $40,000 to $79,000
   * $80,000 or more
   * Prefer not to answer
3. **Where do you get your health insurance?** (You may choose more than one response)
   * My job
   * HealthCare.gov (the health insurance marketplace)
   * A private insurance company
   * Medicare
   * Oregon Health Plan (Medicaid)
   * Tribal health services
   * Active military (TRICARE)
   * Veterans Administration
   * Student health insurance
   * Somewhere else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * I don’t have health insurance
   * I don’t know
4. **Do you have enough health insurance to help you stay healthy?**
   * Yes
   * No (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Do you have dental insurance?**
   * Yes, I have enough dental insurance to help me stay healthy
   * Yes, but it is not enough to help me stay healthy (please explain): \_\_\_\_\_\_\_\_\_\_\_\_
   * No
6. **Where is the first place you usually go when you need medical care?**
   * My regular doctor’s office
   * A health clinic or other walk-in center
   * A hospital emergency room
   * Somewhere else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * I don’t go anywhere to get care
7. **How much school have you had?**
   * Some high school
   * High school graduate or GED
   * Some college
   * Associate or trade degree
   * Bachelor’s degree
   * Graduate or professional degree
   * Prefer not to answer
8. **Are you** (you may choose more than one response):
   * Employed full time
   * Employed part time
   * Unemployed
   * Disabled or on disability
   * Student
   * Retired
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_
   * Prefer not to answer
9. **Are you:**
   * Married
   * Partnered
   * Divorced
   * Widowed
   * Single
   * Prefer not to answer